

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	1					
20	1					
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33	1					
34						
35						
36						
37						
38						
39						
40	1					
41	1					
42						
43	1					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	1	1				
TOTAL CLAIMS	1	1	1	1	1	1

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS